18-7070

ORIGINAL

CASE NUMBER:

FILED

SEP 1 3 2018

OFFICE OF THE CLERK

IN THE UNITED STATES SUPREME COURT

CORLA JACKSON

PETITIONER,

PESPONDENT(S)

Vs.

GMAC MORTGAGE CORPORATION ET, AL., aka GMAC MORTGAGE LLC ET, AL., aka RESIDENTIAL CAPITAL LLC ET, AL., aka ALLY FINANCIAL CORPORATION ET, AL., aka ALLY BANK ET, AL.

	RESI SIDENT(S)	
	<u> </u>	
MOTION FOR LEAVE TO	PROCEED IN FORMA PAUPERIS	

The petitioner asks leave to file the attached petition for a writ of certiorari without prepayment of costs and to **proceed in forma pauperis.** Petitioner has previously been granted leave to proceed in forma pauperis in the following court(s):

United States Court Of Appeals Eleventh Circuit
Petitioner's affidavit in support of this motion is attached hereto.

The appointment was made under the following provision of law: ,or A copy of the order of appointment is appended.

Corla Jackson



IN T	HE
SUPREME COURT OF	THE UNITED STATES
Corla Jackson (Your Name)	— PETITIONER
GMAC Mortgage Corporation aka Residential Capital LLC, ET aka Ally Financial Corporation E	on ET, AL. aka GMAC Mortgage LLC ET, AL, J. AL.— RESPONDENT(S) ET, AL., aka Ally Bank ET, AL.
	attached petition for a writ of certiorari
Please check the appropriate boxes:	
☐ Petitioner has previously been grant the following court(s): UNITED STATES COURT OF APPEA	ed leave to proceed in forma pauperis in
☐ Petitioner has not previously bee pauperis in any other court.	en granted leave to proceed in forma
v	
	support of this motion is attached hereto.
☐ Petitioner's affidavit or declaration in	is not attached because the court below
☐ Petitioner's affidavit or declaration in ☐ Petitioner's affidavit or declaration appointed counsel in the current proceeding	is not attached because the court below

AFFIDAVIT OR DECLARATION IN SUPPORT OF MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS

I, CORLA JACKSON, am the petitioner in the above-entitled case. In support of my motion to proceed *in forma pauperis*, I state that because of my poverty I am unable to pay the costs of this case or to give security therefor; and I believe I am entitled to redress.

1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income source		e monthly amou t 12 months	unt during	Amount expended in the contract month	cted
		You	Spouse	You	Spouse
Employment		<u>\$_0</u>	\$	\$_0	\$
Self-employment		\$ 800.00	\$	\$ 1000.00	\$
Income from real pro (such as rental incor		\$_0	\$	\$	\$
Interest and dividend	3	\$_0	\$	\$	\$
Gifts		\$_100	\$	\$ 100.00	\$
Alimony		\$_0	\$	\$ 0	\$
Child Support		\$_0	\$	\$_0	\$
Retirement (such as security, pensions, annuities, insurance)		\$ <u>0</u>	\$	\$0	\$
Disability (such as so security, insurance p		\$_0	\$	\$	\$
Unemployment paym	ents	\$_0	\$	\$0	\$
Public-assistance (such as welfare)		\$_0	\$	\$0	\$
Other (specify):		\$	\$	\$0	\$
Total monthly	income:	\$ 900.00	\$	\$ 1,100.00	\$

			erst. (Gross monthly pay 00.00-\$800.00 Month
Employer	Address	Dates of	Gross monthly pay
OCHO IIII IIIOS	13230 Tom Gaston F Mobile, Alabama. 3669 mages Into Wall Street-Whis	05 2018	\$_800.00 \$ \$ Gulf Coast Tribune
	employment history for y is before taxes or other		ost recent employer first.
Employer	Address	Dates of Employment	Gross monthly pay
			\$ \$
institution. Type of account (e.g., Wells Fargo Ban Wells Fargo Ban	checking or savings) k - Checking k - Savings	Amount you have Am 5 /23 / (0 3	
★ Home Value \$240,000.	RESPONDENTS 00 - FORECLOSED ILLEGALLY	☐ Other real estate Value	
Year, make & mod Value \$1500.00 a I Use Brother's	_{el} 96 Honda Accord after its restored-fixed Car From Time-Time	☐ Motor Vehicle #2 Year, make & mode Value	el
Other assets Description Value 1.00	yright-Original Spiritu	al Images	

6. State every person, busin amount owed.	ess, or organization	owing you or	your spot	ise money, and the
Person owing you or	Amount owed to y	ou Ar	nount ow	ed to your spouse
your spouse money Stewart Title Company	_{\$} 500.00	\$_		
GMAC Mortgage Corpora	T			
Farmers Insurance Group Insured Covered Losses	Never Paid In Fu			
7. State the persons who rely instead of names (e.g. "J.S."	on you or your spouse ' instead of "John Smi	for support. Ith").	For minor	children, list initials
Name	Relationshi	р	Ag	je
No One				
8. Estimate the average mont paid by your spouse. Adj annually to show the month	just any payments th			
Rent or home-mortgage paym (include lot rented for mobile		\$_0		\$
Are real estate taxes include Is property insurance include				
Utilities (electricity, heating for water, sewer, and telephone)	uel,	\$400.C	00	\$
Home maintenance (repairs ar	nd upkeep)	\$75.	00	\$
Food		\$100.0	00	\$
Clothing		\$20.0	00	\$
Laundry and dry-cleaning		\$20	.00	\$
Medical and dental expenses		\$ <u> </u>	00	\$

	You	Your spouse
Transportation (not including motor vehicle payments)	\$_0	\$
Recreation, entertainment, newspapers, magazines, etc.	\$_10.00	\$
Insurance (not deducted from wages or included in morta	gage payments)	
Homeowner's or renter's	<u>\$0</u>	\$
Life	<u>\$0</u>	\$
Health	\$ 25.00	\$
Motor Vehicle	\$50.00	\$
Other:	\$0	\$
Taxes (not deducted from wages or included in mortgage	payments)	· •
(specify):	\$0	\$
Installment payments		
Motor Vehicle	\$150.00	\$
Credit card(s)	\$0	\$
Department store(s)	\$	\$
Other:	\$	\$
Alimony, maintenance, and support paid to others	\$0	\$
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$50.00	\$
Other (specify):	\$0	\$
Total monthly expenses:	\$_1,000.00	\$

9.	Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?
	Yes □ No If yes, describe on an attached sheet.
10.	Have you paid – or will you be paying – an attorney any money for services in connection with this case, including the completion of this form? \square Yes \bowtie No
	If yes, how much?
	If yes, state the attorney's name, address, and telephone number:
11.	Have you paid—or will you be paying—anyone other than an attorney (such as a paralegal or a typist) any money for services in connection with this case, including the completion of this form?
	☐ Yes X No
	If yes, how much?
If y	res, state the person's name, address, and telephone number:
	Provide any other information that will help explain why you cannot pay the costs of this case. ardship caused by Respondents, Personal Injuries and Health Conditions
I de	eclare under penalty of perjury that the foregoing is true and correct.
Exe	ecuted on: Margulen 29, , 2018
	Carla Jackson 1/29/2018 (Signature) (Signature) (Signature) (Signature)
	Carla Rosen 129/2011